

Radius Residential Care Limited - Althorp

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Radius Residential Care Limited

Premises audited: Althorp

Services audited: Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 23 May 2023 End date: 24 May 2023

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 108

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Radius Althorp is part of the Radius Residential Care group. The facility is certified to provide hospital, rest home, psychogeriatric and residential physical disability care for up to 117 residents. At the time of the audit there were 108 residents at the facility.

This unannounced surveillance audit was conducted against a sub-section of Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand - Hauora a Toi Bay of Plenty. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with families/whānau, management, staff, and the general practitioner.

The service is managed by a facility manager who is supported by two experienced clinical nurse managers.

There are quality systems and processes implemented. There is a team of experienced healthcare assistants and non-clinical staff to support the management team and registered nurses. Hazards are identified and appropriately managed. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care. Competencies specific to the employee roles are reviewed annually. Family/whānau spoke positively about the care provided.

The previous shortfall related to the quality programme, monitoring of care, medication management and administration have been addressed.

This surveillance audit did not identify any areas requiring improvement.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

A Māori health plan is documented for the organisation. Māori mana motuhake is recognised in all aspects of service delivery, using a strengths-based and holistic model of care. Staff encourage participation in te ao Māori. The service has a Pacific health plan. Policies are in place around the elimination of discrimination, harassment, and bullying. Consent forms are signed appropriately. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The Radius strategies describe the vision, values, and objectives of Radius aged care facilities. A 2023 business plan is in place for Radius Althorp and describes specific and measurable goals that are regularly reviewed and updated. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An in-service programme is provided with all compulsory block training sessions provided annually.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. There is evidence of family participation in care and treatment provided. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and other visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

An activities programme includes community visitors and outings. There are activities for residents who want to be connected with te ao Māori, and staff members work in ways that ensure the connection is authentically maintained.

Residents' food preferences, dietary requirements, cultural, traditional, and religious practices, and choice related to food are respected. Nutritious snacks are available 24/7.

Transfer, exit, and discharges occur in a coordinated manner.

Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service fully attained.

The building has a current warrant of fitness, and an approved fire evacuation scheme is in place. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Security arrangements are in place in the event of a fire or external disaster. The psychogeriatric and dementia units are secure. Security checks are completed.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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The pandemic plan has been successfully implemented at times of any outbreaks. There are sufficient supplies of personal protective equipment to manage outbreaks.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There have been six documented outbreaks of Covid-19 since the last audit.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Radius Althorp strives to maintain a restraint-free environment. The restraint coordinator is the clinical nurse manager. At the time of the audit, there were no residents using a restraint. Restraint minimisation training is included as part of the annual mandatory training plan, and orientation booklet. Annual restraint competencies are completed.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	22	0	0	0	0	0
Criteria	0	59	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā Paerewa Health and Disability Services Standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

There may be subsections in this audit report with an attainment rating of 'not applicable' which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service. On interview, the facility manager stated the organisation supports increasing Māori capacity by employing Māori applicants when they do apply for employment opportunities at Radius Althorp. At the time of the audit, there were staff members who identified as Māori. The Māori health plan documents a commitment to a diverse workforce.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p>	FA	<p>The service partners with Pacific organisations to provide guidance. The Pacific health plan is implemented. At the time of the audit, there were staff who identified as Pasifika. The service can also access the Ministry of Health Pacific Health and Disability Action Plan for any cultural advice or support.</p>

health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The service recognises Māori mana motuhake, and this is reflected in the current Māori health plan. Interviews with eleven staff (two registered nurses (RN), four healthcare assistants (HCA), one diversional therapist, one maintenance person, one laundry person, one office manager and one kitchen manager) could describe promoting resident's independence in relation to their roles.</p> <p>Interviews with six residents (two rest home and four hospital) and ten family members (two psychogeriatric unit, three dementia unit, two rest home and three hospital) confirmed that residents are encouraged to be autonomous and as independent as they can be.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Staff attend specific cultural awareness training that covers Te Tiriti o Waitangi and tikanga Māori. The staff noticeboards contain information on Māori tikanga practice. Cultural training is also included in the orientation programme for new staff. Interviews with staff confirmed their awareness of Te Tiriti o Waitangi, tikanga Māori, and a selection of words in te reo Māori. Māori cultural days are celebrated, including Matariki and Waitangi Day. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice. A staff member who identifies as Māori is a member of the Radius national cultural committee. On interview, the staff member stated that both residents and staff have access to support from both the Ngai Tamarawaho hapu (iwi subsection) and Poututerangi marae from their elders and kaumātua.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of</p>

<p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff interviewed stated there is a positive workplace culture at Radius Althorp.</p> <p>A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for all residents, including Māori, as detailed in the Māori health plan. A section of the electronic resident care plan captures any required health preferences and cultural information for all residents.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. The service follows relevant best practice tikanga guidelines. The registered nurses have a good understanding of the organisational process to ensure informed consent for Māori residents involved the family/whānau for collective decision making. Enduring power of Attorney (EPOA) documentation was signed and on file. The residents and family/whānau interviewed stated they participated in all decision making.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate</p>	FA	<p>The complaints procedure is equitable and is provided to residents and families/whānau during the resident's entry to the service. The residents' Code of Rights is displayed in te reo Māori and English. A 'Welcome to Radius Care' booklet includes information on access to advocacy and complaint support systems. There is a resident advocate available to support residents if required. Access to complaint forms is located at the entrance to the facility, or on request from staff. The facility manager maintains a record of all complaints, both verbal and written in a complaint's register.</p>

<p>complaints in a manner that leads to quality improvement.</p>		<p>There have been six internal complaints received in 2023. Documentation including follow-up letters and resolution, demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>There has been one Health and Disability Commissioner (HDC) complaint from September 2019 that remains open. The facility sent a final letter on May 23, 2023, to the complainant, as requested by HDC before the complaint is closed. A copy of the letter including corrective actions was also sent to HDC.</p> <p>Residents and families/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had were addressed promptly.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Radius Althorp is part of the Radius Residential Care group. The facility is certified to provide hospital, rest home, psychogeriatric and dementia for up to 117 residents. There are 30 beds in the two wings of the psychogeriatric unit; 30 beds in the two wings of the dementia unit; and 57 dual purpose rest home and hospital beds over two floor levels.</p> <p>At the time of the audit, there were 108 residents at the facility. There were 30 residents in the psychogeriatric unit, all funded by age residential hospital specialist service (ARHSS) contract. There were 28 residents in the dementia unit, and 9 rest home residents, including one respite resident. There were 40 hospital residents, including one resident under a younger persons with disabilities (YPD) contract, one under a long-term support - chronic health contract (LTS-CHC), one ACC resident and two residents under palliative care contracts. The remaining residents were on the age-related residential care (ARRC) contract.</p> <p>The Board and the senior leadership team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. The national cultural committee and Māori advisor supports implementation of the business goals and support collaboration with mana whenua. There is collaboration with mana whenua in business planning and service development that</p>

		<p>support outcomes to achieve equity for Māori. Tāngata whaikaha are supported to provide feedback through surveys and resident meetings, as evidenced in meeting minutes.</p> <p>The Radius strategies describe the vision, values, and objectives of Radius aged care facilities. The overarching strategic plan has clear business goals to support their philosophy of 'Caring is our calling'. A 2023 business plan is in place for Radius Althorp and describes specific and measurable goals that are regularly reviewed and updated. Site specific goals relates to clinical effectiveness, risk management and financial compliance. The business plan reflects a commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery.</p> <p>The facility manager has been in the role for six months and was the office manager from another Radius facility. They are supported by a regional manager with extensive aged care management experience. The facility manager is also supported by two clinical nurse managers, who have been in the role for 18 months and two years, respectively.</p> <p>The facility manager, clinical nurse managers and the regional manager have maintained at least eight hours of professional development activities related to managing an aged care facility.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care</p>	FA	<p>Radius Althorp has procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. New policies or changes to policy are communicated and discussed with staff. Radius Althorp is implementing a quality and risk management programme.</p> <p>The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints</p>

<p>and support workers.</p>		<p>management. Data is collected for a range of adverse event data. Monthly meetings including quality/health and safety, clinical, staff and infection control ensure good communication. Corrective actions are documented where indicated, to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard. The previous shortfall related to NZS 2008:8134 criteria 1.2.3.6 has been addressed.</p> <p>The 2022 resident satisfaction surveys demonstrate high satisfaction levels with care. Corrective actions were implemented around any issues raised.</p> <p>A health and safety team is in place with health and safety meetings taking place monthly. Health and safety is a regular agenda item in staff and quality meetings. Hazards are identified and managed. A current hazard register is available to staff. Electronic reports are completed for each incident/accident, has a severity risk rating and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. The electronic system escalates alerts to Radius senior team members depending on the risk level.</p> <p>Discussions with the facility manager and clinical managers evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT for one resident with two pressure injuries, and previous RN shortages. There have been six Covid-19 outbreaks in March, May, August, December 2022, March, and May 2023. Public health authorities were notified of the outbreaks.</p> <p>The service collects ethnicity data during the resident's entry to the service, and reviews quality data in relation to improving health equity through critical analysis of data and organisational practises. Staff complete cultural training to ensure high quality services are provided for Māori.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>A Radius policy is in place for determining staffing levels and skills mix for safe service delivery. Sufficient staff are rostered on to manage the care requirements of the residents. The facility manager and clinical managers work full time and jointly cover on-call responsibilities. Registered nurses have sufficient time available to complete interRAI assessments and care planning evaluations within contractual timeframes. Previous Section 31 notifications have been submitted for RN shortages. The facility is now meeting the ARRC contact requirements as they always have an RN on duty 24/7. Interviews with residents and family/whānau identify that staffing is adequate to meet the needs of residents.</p> <p>The activities team provide a programme for weekdays and weekends. The dementia and psychogeriatric units have 24/7 activities plans to enable diversion at all times.</p> <p>An annual in-service programme is implemented, and all compulsory topics are included. The organisation support HCAs to progress through New Zealand Qualification Authority (NZQA) qualifications. Fourteen HCAs have completed level 4, five have completed level 3, one has completed level 2, and five are on level 1 NZQA levels. There are 18 HCAs who work in the dementia and psychogeriatric units. Fifteen HCAs have completed the required dementia standards and three are enrolled and commenced work within the last six months. There are 15 RNs and one enrolled nurse in total. Eleven RNs are interRAI trained.</p> <p>Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. On interview, staff confirmed a knowledge of the Treaty of Waitangi and cultural practises relating to Māori. The learning platform and expertise of Māori staff creates opportunities for staff to learn about and address inequities. Cultural awareness training is held annually. External training opportunities for care staff includes training through Te Whatu Ora- Hauora a Toi Bay of Plenty and hospice.</p> <p>A competency assessment policy is being implemented, that includes new competency-based programmes which are being implemented to support the RNs, by upskilling senior HCAs with basic wound</p>
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		cares and observations. All staff are required to complete competency assessments as part of their orientation. Competency assessments include (but are not limited to): restraint; moving and handling and back care; hand hygiene; and donning and doffing of personal protective clothing. A record of completion is maintained. Additional RN specific competencies include subcutaneous fluids, syringe driver and interRAI assessment competency. All RNs and the enrolled nurse attend in-service training and complete training in critical thinking; Covid-19 preparedness; wound management; pain management; medication; and training related to specific conditions.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resource policies including recruitment, selection, orientation, and staff training and development. Six staff files reviewed included: a signed employment contract; job description; police check; induction documentation relevant to the role the staff member is in; application form; and reference checks. A register of RN practising certificates is maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs, the enrolled nurse, and HCAs to provide a culturally safe environment to Māori. Healthcare assistants interviewed reported that the orientation process prepared new staff for their role and could be extended if required.</p> <p>Information held about staff is kept secure, and confidential in an electronic database. Ethnicity and nationality data is identified during the employment application stage. The service is collecting and collating ethnicity data and reporting it at a governance level.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose</p>	FA	<p>There are comprehensive policies to guide staff around admission and declining processes, including required documentation. The facility identifies entry and decline rates, including specific data for</p>

<p>the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>Māori and reports this within the facility quality reports. The service identifies and implements supports to benefit Māori and whānau. The service has established relationships with Ngai Tamarawaho hapu and Poututerangi marae. These relationships provide access to kaumātua and elders and benefits Māori individuals and whānau. There were Māori residents and staff members at the time of audit.</p> <p>The facility does identify entry and decline rates for Māori and reports this within quality reports.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Six resident files were reviewed: two hospitals (one young person with a disability [YPD], one resident on ACC); one rest home on respite; two psychogeriatric; and one dementia level care.</p> <p>All residents have admission assessment information collected and an interim plan completed at time of admission. InterRAI assessments are completed in a timely manner and assessments are completed at regular intervals and when there is a significant change. Cultural assessment include cultural considerations, spiritual wellbeing and beliefs and details are weaved through all sections of the care plan.</p> <p>Long-term care plans are developed and evaluated within expected timeframes. Care plans are holistic in nature and reflect a person-centred care plan that give tāngata whaikaha choice and control over their supports. The diversional therapist (DT) and activity coordinators complete a 24-hour leisure plan for all residents (including those in the psychogeriatric and dementia units), describing the resident's usual morning, afternoon, and night-time habits/routines. The activity plan incorporates 24-hour programme that incorporates indoor, outdoor, and quiet time activities. Interventions and personal strategies are recorded to meet the individual resident's physical, medical needs and pae ora outcomes. Evaluations are completed at the time of the interRAI re-assessment and six-monthly multidisciplinary reviews (case conference). Evaluations reflect progression towards the goals. Six-monthly case conferences (multidisciplinary meetings) occur where residents and</p>

	<p>family/whānau participate in care plan review. There are short-term care plans developed for short-term acute issues, such as infections, weight loss, medication changes, behaviour, and wounds. The issues are added to the long-term care plan when not resolved within a specific timeframe.</p> <p>The YPD resident records include a suite of assessments and a long-term care plan to address cultural, medical, and physical needs. Normal routine, hobbies and social wellbeing are addressed. The resident on respite care had an initial assessment, initial care plan and appropriate strategies to manage care needs completed. There were residents who identified as Māori. A Māori health plan is developed within the long-term care plan and documents the appropriate cultural considerations, supports and interventions required to maintain cultural safe care. The residents with significant challenging behaviours had triggers noted in the care plan and resident specific de-escalation strategies documented and implemented by staff. There is evidence of resident and family/whānau involvement in the interRAI assessments, care planning and evaluation processes. The previous shortfall related to NZS 2008:8134 criteria 1.3.6.1 has been addressed around challenging behaviour interventions.</p> <p>All residents have been assessed by a general practitioner (GP) or nurse practitioner (NP) within five working days of admission and the GP/NP reviews each resident at least three-monthly. The GP (interviewed) is part of a team of three GPs and two NPs who routinely visit Radius Althorp at least four times a week and have regular contact with Te Whatu Ora- Hauora a Toi Bay of Plenty Older Persons Mental Health team when required. The GP/NP is on call for advice after hours up until 9pm, with staff referring to the emergency department Te Whatu Ora - Hauora a Toi Bay of Plenty thereafter; however, a proactive approach between the GP, NP and clinical staff has seen a reduction in the need to refer residents to emergency department after hours. The clinical nurse managers are also available for after-hours calls and advice. The GP interviewed is complimentary of the service provided and more so the recent introduction of the electronic medication system by Radius Althorp. Specialist referrals are initiated as needed. The service supports and advocates for residents with disabilities to access relevant disability</p>
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	<p>services. Allied health interventions are documented and integrated into care plans by the specialist services at Te Whatu Ora- Hauora a Toi Bay of Plenty, including Older Persons Mental Health Community team, podiatry, dietitian, and speech and language therapist. The service has an inhouse physiotherapist who works four days a week, implementing daily exercise programmes, individual mobility improvement strategies for residents and staff training.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by healthcare assistants and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status. Progress notes reflect a clear picture of the resident's care journey.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, an RN initiates a review with the GP/NP. Family/whānau were notified of all changes to health, including infections, accident/incidents, GP/NP visits, medication changes and any changes to health status.</p> <p>There is an electronic wound register. Wound assessments, wound management plans with body map, photos and wound measurements were reviewed, and evidenced wound dressings were being changed appropriately in line with the documented management plan. Wound records were reviewed for four residents with current wounds demonstrating progress towards healing in the evaluation section. Input from the wound nurse specialist is accessible when required. On the day of audit, there were 29 wounds from 21 residents. There was one resident with pressure injuries (suspected deep tissue injury), facility-acquired, at the time of the audit. Pressure injury prevention strategies are implemented. Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources, as sighted during the audit. There is also access to a continence specialist as required. The previous shortfall related to NZS 2008:8134 criteria 1.3.6.1 has been addressed in relation to wound documentation.</p>
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		<p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and RNs complete monitoring charts, including (but not limited to): bowel chart; blood pressure; weight; food and fluid chart; pain; resident movement monitoring; and behaviour. Incident reports reviewed evidenced neurological observations are completed for unwitnessed falls, or where there is a head injury. Immediate action was noted, and any follow-up action(s) required were documented and evidenced in progress notes by a registered nurse. Incidents were fully investigated or signed off in a timely manner. The previous shortfall related to NZS 2008:8134 criteria 1.3.6.1 has been addressed around neurological observations, hourly checks, and monitoring.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The service facilitates opportunities for Māori to participate in te ao Māori using Māori language flash cards, and the use of te reo Māori in everyday conversations. There are opportunities to learn some basic te reo Māori simple conversations, new words and some popular waiata (songs). There are activities for residents who want to relate to te ao Māori, and staff members work in ways that ensure the connection with the community is authentically maintained.</p> <p>There are a range of activities appropriate to the resident's cognitive and physical capabilities. Activities include physical, cognitive, creative, and social activities including big day outs that involve residents, whānau, staff and volunteers. Residents who do not participate regularly in group activities, are visited one-on-one. Community visitors include entertainers, pastoral care, church services visits, school children and kaumātua groups. Radius Althorp has a relationship with Ngai Tamarawaho hapu and Poututerangi marae for access to elders and kaumātua. Themed days such as Matariki, Waitangi, and ANZAC Day are on the programme and celebrated with appropriate resources available.</p> <p>Families/whānau interviewed spoke positively of the activities programme, with feedback and suggestions for activities made via surveys and resident meetings.</p>

<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurse and healthcare assistants interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and packs for 'as required' and short course medications. All medications are checked on delivery against the electronic medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Each resident's medications are appropriately stored in the facility medication rooms and locked trollies. The medication fridge is monitored daily, and the temperatures were within acceptable ranges. Medication room temperatures are checked daily and within acceptable limits. All controlled drug entries provide evidence of two signatures. Weekly controlled drug stocktakes, and six-monthly pharmacy stocktake was noted in the controlled drug register to have been completed and signed for by two medication competent staff. All eyedrops and creams have been dated on opening. Over the counter vitamins, supplements or alternative therapies residents choose to use, had been reviewed, and prescribed by the GP. The previous shortfall related to NZS 2008:8134 criteria 1.3.12.1 has been addressed around medication room temperatures, and controlled drug register signatures.</p> <p>Twelve electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. There was one resident self-medicating (hospital). The appropriate consent, assessment and evaluations were completed. Visual inspection evidence the medication is stored securely in a drawer in their room. No standing orders are used, and no vaccinations are stored in the facility.</p> <p>There is documented evidence in the electronic clinical files that</p>
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		residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. The registered nurse described working in partnership with Māori whānau to ensure the appropriate support is in place, advice is timely, treatment and services are easily accessed, and treatment is prioritised to achieve better health outcomes.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The Māori health plan in place included cultural values, beliefs, and protocols around food. The interviewed residents and whānau/family expressed satisfaction with the food portions and options. All the meals are cooked on site by a contracted company. The menu is distributed to the residents, provides variety, and allows a choice of meals. Likes and dislikes are catered for. A resident dietary profile is developed for each resident on admission, which identifies dietary requirements, likes, dislikes and any cultural considerations; this is provided to the kitchen and updated as the resident needs change. The chef (interviewed) stated they implement menu options for Māori residents and consult with residents on the food and their choices. Healthcare assistants interviewed understood basic Māori practices in line with tapu and noa. Nutritious snacks are available 24/7. The chef and kitchen staff are trained in safe food handling.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care. Transfer documents are printed in a format of a pack from the electronic system and include resuscitation status, enduring power of attorney or next of kin contact numbers, latest medication chart, progress notes and last GP notes.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Radius Althorp and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 22 November 2023. The service has a full-time maintenance manager, who is available Monday to Friday. The maintenance manager is supported by two other maintenance staff responsible for maintenance requirements and gardening. Essential contractors such as plumbers and electricians are available 24/7 every day as required. There is a preventative maintenance schedule which is maintained. The planned maintenance schedule includes electrical testing and tagging, residents' equipment checks, calibrations of weigh scales and clinical equipment and testing, which are all current. Hot water temperatures are maintained within suitable ranges and checked monthly.</p> <p>The environment is homelike and there are spaces to support family/whānau interaction. The art and decor are reflective and inclusive of peoples' cultures and supports cultural practices. Fixtures, fittings, and flooring are appropriate. Residents are encouraged to personalise their bedrooms with furnishings and photos, as viewed on the day of audit.</p> <p>The service has no current plans to build or extend; however, should this occur in the future, the service will consult with local Māori providers to ensure aspirations and Māori identity is included.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service for Radius Althorp (sighted and dated October 2013). A fire evacuation drill is repeated six-monthly and last completed in May 2023, in accordance with the facility's building warrant of fitness requirements. There is a current fire register which list the assistance required for each resident in an event of an evacuation.</p> <p>The psychogeriatric and dementia units are secure and entry to the psychogeriatric and dementia units are by entry button and exit by keypad. There is a secure perimeter fencing to ensure safety of the residents. The buildings are secure after hours, and staff complete</p>

		<p>security checks at night and this is documented. There are external operational cameras after hours in the gardens and car park areas. The front doors are closed, and visitors can press a bell for entry after hours.</p> <p>Staff are identifiable and wear name badges. All visitors and contractors must sign in. Contractors' complete orientation specific to the site's health and safety.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is an infection, prevention, and antimicrobial programme and a pandemic plan. Personal protective equipment (PPE) is ordered accordingly, and stock balance is maintained to support any outbreak. Adequate PPE stocks was sighted in storage areas.</p> <p>Radius has a national cultural committee to support facilities on how te reo Māori can be incorporated into infection control information for Māori residents. Staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi. The Radius Althorp infection control committee has educational resources in te reo Māori.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. The infection control programme is reviewed annually and endorsed by Radius head office. There is an infection control committee that meets monthly and monthly infection control data is presented and discussed at the monthly RN and staff meetings.</p> <p>Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the individual resident infection register on the electronic system.</p> <p>Surveillance of all infections (including organisms) occurs in real time. This data includes ethnicity and is monitored and analysed for trends, monthly and annually. Staff are informed of infection surveillance data through meeting minutes and notices. Residents and family/whānau are informed of infections and these are recorded in</p>

		<p>the progress notes.</p> <p>Residents and family/whānau are contacted and informed of any healthcare-associated infections information on care and prevention. Action plans are completed for any infection rates of concern. Benchmarking occurs monthly within the organisation.</p> <p>Infections, including outbreaks, are reported, and reviewed, so improvements can be made to reduce HAI. Education includes monitoring of antimicrobial medication, aseptic technique, and transmission-based precautions. There had been six Covid-19 outbreaks: March, May, August, December 2022, March, and May 2023. These were well documented and managed. Outbreaks were reported to Public Health.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The restraint policy confirms that the organisation is working to actively minimise the use of restraint. Strategies implemented include working in partnership with family/whānau to ensure the service maintains the dignity of the resident while using the least restrictive practice. Radius Althorp strives to maintain a restraint-free environment. The restraint coordinator is the clinical nurse manager. There were no residents using restraints at the time of the audit. On interview, the clinical nurse manager described the organisation's commitment to restraint minimisation and implementation across the organisation. The use of restraint (should this be required) would be monitored in the monthly clinical and staff meetings. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are completed. Residents and families/whānau would be involved in restraint reviews if restraint were to be used.</p>

Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

No data to display

Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.